

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043035

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 561

FILED NOV 2 9/1962

| | | | |
|---|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u> | | c. CITY OR TOWN <u>Independence</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1404 South Main</u> | | d. STREET ADDRESS (If outside, give location) <u>1404 South Main</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>James</u> Last <u>Bauer</u> | | 4. DATE OF DEATH Month <u>Nov</u> Day <u>19</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-14-1881</u> |
| 9. AGE (last birthday) <u>81</u> | | 10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | |
| 11. IF UNDER 24 HR. Hours <u> </u> Min. <u> </u> | | 12. CITIZEN OF WHAT COUNTRY <u>U S A</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Menhorney Fur. Co</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman - Carpet Dept Peoria Ill.</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Peoria Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Frank James Bauer Sr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hoenstin</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Della D. Bauer</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u> </u> | | 17. INFORMANT Address <u>Della D. Bauer 1404 South Main</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (b) <u>Cardiac Hypertrophy</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH <u> </u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u> </u> | | 20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> | |
| 20f. CITY, TOWN, OR LOCATION <u> </u> | | COUNTY <u> </u> STATE <u> </u> | |
| 21. I attended the deceased from <u>7-11-57</u> to <u>11-19-62</u> and last saw her alive on <u>11-19-62</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>Gerald J. Gorman</u> (Degree or title) 22b. ADDRESS <u>Independence Mo</u> | |
| 22c. DATE SIGNED <u>11/20/62</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>Nov 21, 1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Independence Missouri</u> | | 24. FUNERAL DIRECTOR <u>Roland R Speaks Funeral Home Independence</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>11-20-62</u> | | 26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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JAN 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indip Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.